

NOTICE

Important instructions for printing forms that you will be submitting to the TSP Service Office:

To print the following form select **File** from the menu at the top of your computer screen and then select **Print**. Once a dialog box appears, de-select (uncheck) the "**Shrink oversized pages to paper size.**" Then click **OK**.

(Adobe Acrobat shrinks an oversized PDF form to fit the page when it prints. TSP scanning equipment that is used to read the form cannot read this smaller image. This may delay the processing of your loan because it requires that your form be processed manually. However, you can correct this problem by following this procedure.)

Print these forms on **white paper**. Colored paper may prevent forms from being processed properly, which may delay fulfilling your request.



THRIFT SAVINGS PLAN

NOTIFICATION TO TSP OF NONPAY STATUS

TSP-U-41

Service representatives — Use this form to notify the TSP record keeper when a participant who has a TSP loan is placed in an approved nonpay status (e.g., extended confinement, appellate review leave, sabbatical, or, for reservists, extended periods of nonpay between drills). In addition, use this form to notify the TSP record keeper when a participant who entered nonpay status returns to pay status. If you have any questions, call the TSP Technical Support Section at the number shown below. Service representatives should mail or fax the completed form to:

**Thrift Savings Plan
National Finance Center
P.O. Box 61820
New Orleans, LA 70161-1820**

Telephone: (504) 255-5110
TDD: (504) 255-6302
Fax: (504) 255-5199

Participants — **Do not submit this form.** It must be certified and submitted by your service.

I. INFORMATION ABOUT THE PARTICIPANT

1. Name of Employee _____
Last First Middle
2. Social Security Number _____ - _____ - _____

II. INFORMATION WHEN NONPAY STATUS BEGINS

Complete this section **when the participant enters nonpay status.**

3. Beginning Date of Nonpay Status _____ / _____ / _____
mm dd yyyy

III. INFORMATION WHEN NONPAY STATUS ENDS

Complete this section **when a participant who entered nonpay status returns to pay status.**

4. Beginning Date of Nonpay Status _____ / _____ / _____
mm dd yyyy
5. Ending Date of Nonpay Status _____ / _____ / _____
mm dd yyyy

IV. SERVICE CERTIFICATION

6. _____ 7. _____
Signature of Service Official Date Signed
8. _____ 9. (_____) _____ - _____
Typed or Printed Name of Service Official Telephone Number (Not DSN)
10. _____
Title of Service Official